

Results of MACP Evaluations in 2013: ACMS, AHEAD, MAP

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Introduction

- Strategic Evaluation Plan timeline for 2013
 - Asthma Care Monitoring System (ACMS)
 - Asthma Hospital and Emergency Department Patient Education, Action Plan and Discharge (AHEAD) protocol
 - Montana Asthma Home Visiting Project (MAP)

Introduction-ACMS

- Quality improvement software
- Registry of a facility's asthma patients
- Based on EPR-3 Guidelines

Asthma Care Management System (ACMS Beta v1.0)

File Current Patient Office Visit Reports Resources Utilities Help

New Page Setup Print Quick Print Send To Export Excel Export Word Exit

Patient Print Menu Export Data Exit db

ACMS DATA ENTRY

Patient McDonald, Ronald Patient ID 587432 Age 45 years Select by Status Active All

Office Visit Demographics Most Recent Assessment: PERSISTENT - 01/30/10

Choose Specific Office Visit

Date 01/13/10 Reason ER/Hospital F/U Current Symptoms Yes Height 74 in Weight 190 lb

Flu Immunization Received Date Rec'd Declined ACT Score Best Peak Flow

Spirometry & PF FEV1 % Predicted 75 FEV1/FVC % Peak Flow

Asthma Control Level of control: Not Well Controlled

Symptoms <= 2 days/wk Nighttime Awakenings 1 - 3 x/wk SABA Use (not exercise related) > 2 days/wk

Interference w/normal activity Some limitation PF/FEV1 % 60 - 80% FEV1/FVC% ACT Score

Exacerbations requiring oral steroids Severity Intermittent Treatment Step 3

Other Key Clinical Indicators

of ER/Urgent Care/hospitalizations since last visit 1 # School/work days missed since last visit 1

Smoking Triggers Comorbidities Referrals Asthma Action Plan (AAP)

ETS Exposure in home Animals Pollens/seasonal Sinusitis/rhinitis Stress/Depression Obesity Pulmonary/allergy Date (yyyy) AAP given/reviewed?

Exercise/sports Tobacco smoke OSA GERD Smoking Cessation 2010 Yes

Education Medications

Adherence to medication Short acting beta agonist Inhaled corticosteroid - Low Dose Inhaled corticosteroid - Medium Dose Inhaled corticosteroid - High Dose Long acting beta agonist

Inhaler technique

Environmental control

Comorbid conditions

Notes View all notes for McDonald, Ronald

f/u in 2 wks unless symptoms worsen. Pt referred to MTUPP and advised of the connection to increasing asthma symptoms related to smoking

Record: 2 of 3 Click these labels for further information Navigation Bar for Office Visits

Record: 14 of 16 Required Fields Navigation Bar for Patients Close

Evaluation Questions-ACMS

Process

How many sites are implementing ACMS?

Are sites submitting complete and timely data and in a suitable format?

How many asthma patients are being managed with the registry?

Outcome

Of the people seen at ACMS sites, are their asthma outcomes improving?

Are sites using ACMS to do quality improvement projects and improve care as outlined in the EPR-3 guidelines?

Methods-ACMS

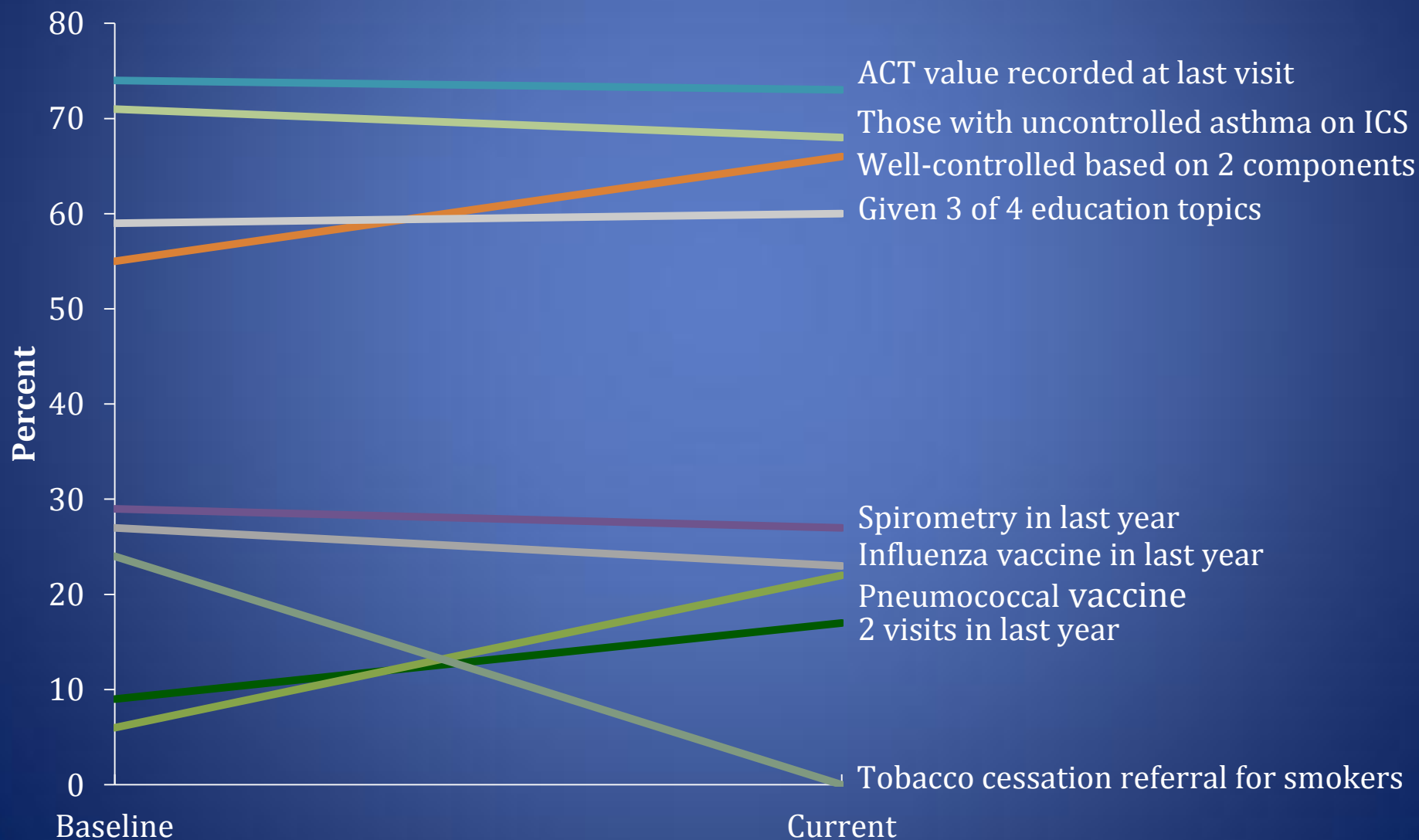
- Analyzed quarterly data submitted by sites using ACMS
- Interviewed ACMS users

Results-ACMS

- 10 facilities installed ACMS
 - 6 pharmacies
 - 3 physician offices, 1 state health benefit program
- Pharmacies receive funding
- More asthma education training requested
- Quarterly reports not being used to the fullest
- EHR has had a large effect on use of ACMS

Results-ACMS

Comparison of baseline and current measures for key ACMS outcomes, March 2013



Discussion-ACMS

- Consider funding or incentive for trial use
- Work to market ACMS in other venues
- Consider creating an additional educational presentation
- Improve usability of quarterly report
- Research EHR software

Introduction-AHEAD

- Protocol to facilitate the provision of EPR-3 Guidelines upon discharge from the ED
 - Action plan
 - Inhaler technique
 - Scheduled follow-up appointment
 - Asthma education

The ART of Controlling Asthma

Today your asthma caused you to come to the emergency room or hospital. This is a sign that your asthma is not controlled. With a little work you can control asthma instead of having asthma control you. Use the information in this packet and work with your regular healthcare provider to develop a plan to manage your disease.

What is asthma?

Asthma is a chronic, lifelong disease that makes it hard to get air in and out of the lungs. In your lungs the following things are happening:

- 1) The lining of your airways is swollen and you have more mucus, even when you are not having an attack.
- 2) When you have an attack, the muscles around the airway squeeze down, making it hard to get air into your lungs.

Normal Airway



Asthmatic Airway



How is asthma controlled?

ADAM¹

Even though asthma is a lifelong disease, a few simple steps can help you breathe easy. This packet covers the ART of controlling asthma in three steps:

1. Avoid asthma triggers
2. Regularly visit your doctor
3. Take your asthma medications

Read this information carefully and talk with the nurse or doctor if you have any questions. Most importantly, be sure that you see your regular doctor in the next few weeks to make a plan to control your asthma.

This material was produced by the Montana Asthma Control Program at the Montana Department of Public Health and Human Services.

For more information visit: <http://dphhs.mt.gov/asthma> or www.lungusa.org



Evaluation Questions-AHEAD

Process

How many EDs are implementing AHEAD?

How many asthma pts have been affected by the AHEAD protocol?

How useful/functional are the materials?

Are EDs able to implement the protocol with all asthma ED visits?

Outcome

Upon discharge, are asthma pts receiving care according to the EPR-3?

Methods-AHEAD

- Analyzed data collected at participating AHEAD sites
 - Pre and post implementation chart reviews
- Interviewed AHEAD coordinators

Results-AHEAD

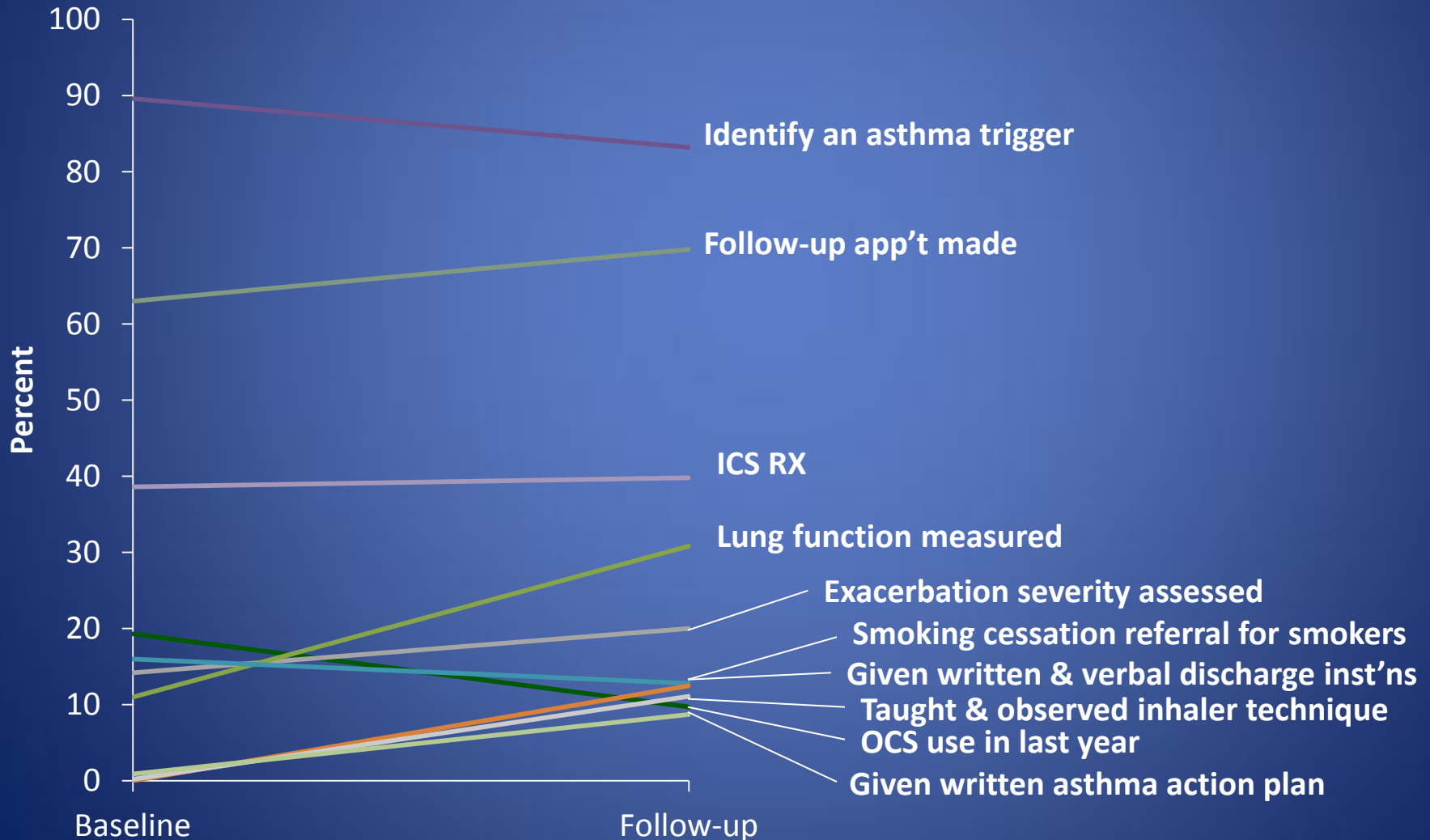
- Charting of asthma related care improved or was brought to attention of staff as being limited
- Provided standardized care to asthma patients
- Identified areas for training improvement
- Materials received considered very useful
- Increased knowledge of EPR-3 Guidelines for ED

Results-AHEAD

Facility	Initial training and chart abstraction	Implement year	Follow-up chart abstraction	Comments
A				Staff turnover may have affected progress, may repeat trainings/implementation
B				Unable to reach contact person
C				Requesting follow-up abstraction to re-review progress, evaluation informant
D				Evaluation informant
E				Facility changed hospitals mid-implementation, may have affected progress
F				Unable to reach contact person
G				Follow-up to be scheduled soon
H				Follow-up to be scheduled soon
I				Follow-up to be scheduled soon
J				Evaluation informant, follow-up not due until Sept. 2013
K				Evaluation informant, follow-up not due until Nov. 2013
	Completed	In progress	Unable to complete	

Results-AHEAD

Comparison of baseline and current measures for AHEAD outcomes, March 2013

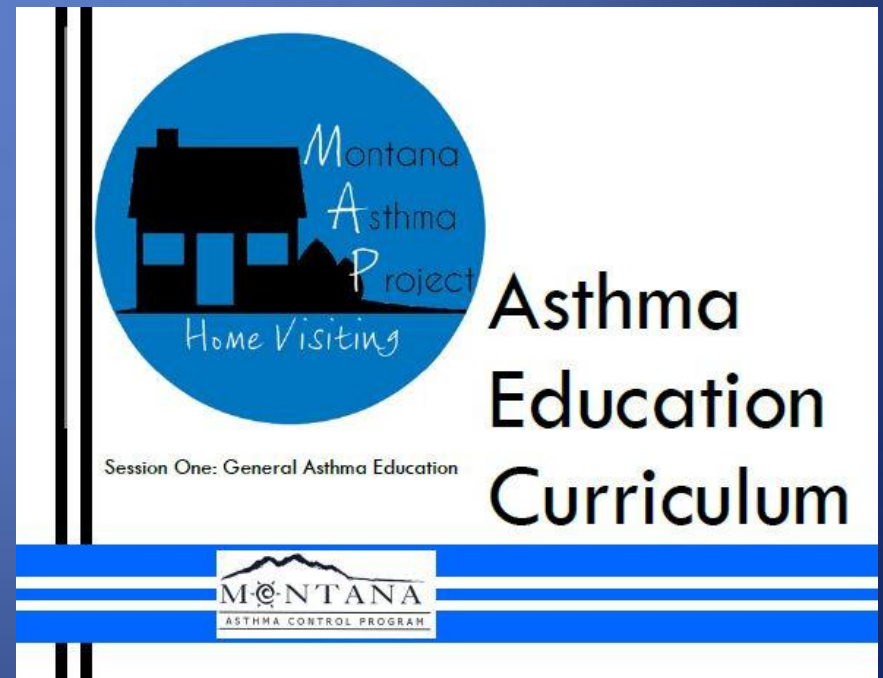


Discussion-AHEAD

- Quality of charting affects outcome measurement
- Takes more than 1 year to implement and show successes
- Need to have support of all staff, including physicians, nurses, and respiratory therapy for full implementation
- Rethink presentation delivery and organization

Introduction-MAP

- Multi-component home based asthma education program
- Includes 6 contacts with a Registered Nurse



Evaluation Questions-MAP

Process

How many families expressed interest and how many enrolled?

How many children with asthma received a home visit?

How many visits did each child receive?

How many services were provided for children with asthma?

Are MAP sites satisfied with the program, curriculum & MACP support?

Outcome

Was there a decrease in symptoms, days of school missed, and an increase in asthma control?

Does the family feel more equipped to handle asthma in the home?

Has the family's financial commitment to asthma decreased?

What is the cost benefit of the program?

Methods-MAP

- Analyzed data collected at participating MAP sites
 - Quarterly data submissions
- Interviewed MAP home visiting nurses

Results-MAP

- 109 enrolled, 22 active
 - 20% of children only receive 1 visit, 47% completed all 6 visits
- First visit is very long, most other visits average 1 hour
- Half boys, nearly half less than 6 years old
- Similar characteristics between those who completed and those who were lost to follow up
 - Except those of races other than White or of Hispanic ethnicity.

Results-MAP

- Recruitment has been difficult
- Identified need for different tracks for different families

Results-MAP

Best

- The support we got dealing with our landlord
- The individual attention
- Getting the mattress/pillow covers and the HEPA filter
- Friendly knowledgeable nurse who really truly cares about the info
- Having someone to ask asthma questions
- House visits so she could point out in my house what we could change
- Now I know how to control my asthma when it is bugging me
- The cleaning list and ways of reducing allergens. I also love the curriculum. It was easy for my daughter to understand.
- I liked the knowledge to know how to better monitor my daughter's asthma.
- The reiteration of the education component of the program. Also, getting the referral to Dr. Cady.

Worst

- Some of the information provided seemed redundant at times
- Taking the quizzes
- Ending the visits, I would like to be able to contact the asthma nurse when I need to

Discussion-MAP

- Build more flexibility into visits
- Offer incentives to all families
- Improve recruitment systems
- Consider annual training for nurses
- Consider doing paperwork in the office first before primary visit

THOUGHTS?

Evaluation 2014

- Asthma Educator Initiative
- School Nurse Mini-grant Program

CONTACT INFORMATION

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